

# CASHION PUBLIC SCHOOLS

P.O. Box 100  
 Cashion, OK 73016

## — APPLICATION FOR CERTIFIED POSITION —

**Notice to Applicant:**

Independent School District No. 37 of Kingfisher County, Oklahoma, (hereinafter referred to as the "District") does not knowingly discriminate against any employee or applicant for employment on the basis of race, color, religion, sex, age, national origin, disability, or status as a Vietnam era or disabled veteran. This anti-discrimination policy encompasses recruitment, selection, assignment, promotion, transfer, termination, compensation, training and apprenticeship, and all other terms, conditions, benefits and privileges associated with employment. This policy also extends to the education programs and activities operated by the District.

When you have properly filled in this application, mail or return it to the District. All statements must be clear, concise and true; otherwise, any appointment made may become invalid at once.

The following credentials will be required of all employees  
 in a classified assignment in the District:

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| <ul style="list-style-type: none"> <li><b>• Properly completed application</b></li> <li><br/></li> <li><b>• Loyalty Oath</b><br/> <i>executed before a Notary Public</i></li> <li><br/></li> <li><b>• Federal I-9 form</b><br/> <i>with requested forms of identification</i></li> </ul> | <ul style="list-style-type: none"> <li><b>• Application for Felony Offense Records</b></li> <li><br/></li> <li><b>• Birth Certificate</b><br/> <i>(photostatic copy is acceptable)</i></li> <li><br/></li> <li><b>• IRS form W-4</b><br/> <i>Employee's Withholding Exemption Certificate</i></li> </ul> |
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### A. General Information

**I hereby apply to Cashion Public Schools for employment.**

Today's date: \_\_\_\_\_

\_\_\_\_\_  
*Full Last Name* *Full First Name* *Full Middle Name*

Social Security Number: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Full Home Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City* *State* *Zip*

Permanent Address (if different from above) \_\_\_\_\_

\_\_\_\_\_ Permanent phone #: \_\_\_\_\_

Do you have a relative who is either a member of the Cashion School District Board of Education or who is employed in any capacity in the Cashion Public Schools? \_\_\_\_\_

If yes, please list the following information:

NAME OF RELATIVE	RELATIONSHIP	POSITION HELD

In case of emergency, the School should notify: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number: \_\_\_\_\_

### B. Employment Preference

1) **Type of application:**     Full time only     Substitute only     Either

2) **Areas of preference** (*check only those areas for which you currently qualify and in which you would accept employment*):

Elementary School

Junior High School

Senior High School

Professional School Service Employee  
(Administrator, Counselor, Librarian, Nurse, etc.)

Other (specify): \_\_\_\_\_

3) **For Elementary Applicants:**    Kindergarten     Primary (grades 1-3)  
   Intermediate (grades 4-6)

Please list other subjects you are currently qualified to teach: \_\_\_\_\_  
\_\_\_\_\_

#### 4) **For Junior/Senior High Applicants:**

(a) *Your Major teaching field:* \_\_\_\_\_

Please list the subjects you are qualified to teach in your major: \_\_\_\_\_  
\_\_\_\_\_

(b) *Minor teaching field:* \_\_\_\_\_

Please list the subjects you are qualified to teach in your minor: \_\_\_\_\_  
\_\_\_\_\_

(c) Other areas in which you are qualified to teach or supervise: \_\_\_\_\_

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### C. Educational Preparation

Institution & Location	Kind of Degree	Date of Graduation	major
			minor
<i>(High School)</i>			
<i>(Undergraduate)</i>			
<i>(Graduate)</i>			

**Practice Teaching:**

- Completed       Currently taking       None

If you have completed practice teaching within the last three years or if you are currently doing so, please advise the following:

Name of cooperating teacher: \_\_\_\_\_

School & location: \_\_\_\_\_

### D. Previous Experience

*List below a complete chronological history of your professional experience.  
Please begin with the most recent .*

NAME OF SCHOOL	ADDRESS & PHONE NUMBER	ASSIGNMENT	BEGIN DATE	END DATE

What was the major reason for leaving your last employment? \_\_\_\_\_

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**Have you ever:**

❶ Entered a plea of guilty or *nolo contendere* to a State or Federal felony charge?

Yes \_\_\_\_\_ No \_\_\_\_\_

❷ Been convicted of a State or Federal felony offense?

Yes \_\_\_\_\_ No \_\_\_\_\_

❸ Been charged with a State or Federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or *nolo contendere*?

Yes \_\_\_\_\_ No \_\_\_\_\_

❹ Entered a plea of guilty or *nolo contendere* to, or been convicted of, a State or Federal misdemeanor charge involving illegal chemical substances or illegal sexual activity?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you have answered "yes" to any of the above, please complete the following:

TYPE OF VIOLATION	DATE	PLACE (CITY, STATE)

**E. Professional References**

*In naming references, give preferences to supervisors, principals, educators, or others who are familiar with your professional work. Addresses for each reference must be complete.*

NAME FULL PRESENT MAILING ADDRESS	TELEPHONE NUMBER	POSITION OF REFERENCE & WHEN S/HE KNEW OF YOUR WORK



## E. Completed Application

*This application will serve as your request to add your name to our list of applicants.*

*The acceptance of an application is not a promise of employment.*

*All applicants must apply directly to the Superintendent and not to individual schools.*

*I understand that my application will remain in force from January 1 through December of the year in which application is made. I understand that I should notify the Superintendent in writing if I wish to be considered beyond that period.*

*All persons, firms and entities listed in this application are hereby authorized to release any information concerning me to the Personnel Department of Cashion Public Schools. I hereby release said persons, firms and entities from any liability as a result of the furnishing of such records and information.*

*I certify that to the best of my knowledge the facts set forth in my application are accurate and complete. I understand that if I am employed and any information in this application is found to be false or incomplete, my employment can be terminated.*

*Signature of Applicant*

*Date*